

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/ 562353

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				3		
5				3		
6				3		
7				3		
8				3		
9				3		
10				1		
11				2		
12				3		
13				3		
14				3		
15				3		
16				3		
17				3		
18				5		
19				5		
20				5		
21				5		
22			1			
23				1		
24				3		
25				3		
26				3		
27				3		
28				3		
29				3		
30				3		
31				1		
32				1		
33				2		
34				3		
35				3		
36				3		
37				3		
38				3		
39				3		
40				3		
41				3		
42				3		
43				3		
44				3		
45				3		
46				5		
47				5		
48				3		
49				3		
50				3		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				5		
52						
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97						
98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	143	←		←
TOTAL CLAIMS			145			